

Rushcliffe Care Limited Highfield Hall

Inspection report

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Date of inspection visit: 16 July 2014
Date of publication: 09/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Highfield Hall provides accommodation and personal care for up to 21 people with learning disabilities. The service is separated into three units. On the day of our inspection 20 people were using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our inspection in September 2013 we found that the care provider had breached regulations relating to

Summary of findings

respecting and involving people and care and welfare of people who used the service. People were not always encouraged to be as independent as they were able to be. Following the inspection the provider had implemented an action plan recording how the service planned to make the required improvements. During this inspection we looked to see if these improvements had been made and found that the provider had made some improvements but required further improvement to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw evidence that a best interest meeting had taken place for one person who lacked capacity to make a complex decision themselves. This meeting was to make sure the decision was made in the person's best interest.

People who used the service told us they liked living at Highfield Hall and we observed that staff were kind and caring.

The provider was working towards promoting people's independence and ensuring that care was delivered in a personalised way but further improvements were required.

People were protected from the risk of harm through risk assessments. Safeguarding referrals were made to the local authority when they suspected a person had been abused.

Staffing levels were sufficient to meet the needs of people who used the service. People did not have to wait to have their care needs met.

People received health and social care support when they needed it. When people's needs changed or they became unwell the relevant professional advice was gained in a timely manner.

Care plans and risk assessments were followed which ensured that people received the care and support they required. We saw that these were regularly reviewed to ensure the care was current and relevant to people's needs.

Hobbies and interests were on offer dependent on people's individual preferences. People were able to access the community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The manager made safeguarding referrals when they suspected abuse. The provider followed the principles of the MCA.

Risks to people were appropriately assessed, managed and reviewed.

There was sufficient numbers of staff to keep people safe. Plans were in place to increase the staff when people's needs changed.

Good



Is the service effective?

The service was effective.

Staff had received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

Regular monitoring of people's healthcare was in place to ensure that any changes were discussed and referrals made where appropriate to health care professionals for additional support or any required intervention.

Good



Is the service caring?

The service was caring.

Our observations throughout the day showed that staff treated people who used the service with dignity and respect and that people were listened to.

Staff supported people in a kind and caring way. They spoke with people at a level and pace they understood.

People we spoke with and their relatives told us they were happy with the care they received.

Good



Is the service responsive?

The service was not consistently responsive.

People were not encouraged to be as independent as they were able to be.

Staff ensured that detailed daily notes were completed to help with the review process and ensured they were meeting people's needs appropriately. Care plans were regularly updated to show people's changing needs.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Although there had been some improvements there continued to be breach of the Health and Social Care Act 2008 since our previous inspection in September 2013.

Requires Improvement



Summary of findings

Relatives, visiting professional and staff we spoke with all were very complimentary about the manager and felt that they were open and approachable.	
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Highfield Hall

Detailed findings

Background to this inspection

We visited the home on 16 July 2014. During the visit we spoke with ten people who used the service, six care staff and the registered manager. Some people could not speak with us due to communication difficulties, so we observed their care. We spoke with a visiting relative on the day of the inspection and three relatives following the visit. We received information about the service from two visiting health professionals following the visit.

We looked at three individual care records, quality monitoring systems, training records, menus and minutes of meetings.

The inspection was undertaken by one inspector.

Before our inspection, we reviewed the information we held about the home. This included notifications the service had sent us. A notification is information about

important events which the provider is required to send us by law. The service did not complete a pre-inspection provider information return (PIR) as they had been unable to access the appropriate computer software so we used information that we had previously gained through our quality monitoring system.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke with several people who used the service. Three people told us they felt safe at Highfield Hall. We observed that people were not restricted and moved freely around their own unit and within the grounds of the service. The manager told us that no one was subject to a Deprivation of Liberty Safeguard (DoLS) restriction.

Relatives of people who used the service who we spoke with told us that they felt their relative was safe at Highfield Hall. One relative told us: "Very safe, she wouldn't be there otherwise".

We saw that the service followed the principles of the Mental Capacity Act 2005 (MCA). People were offered choices within their daily routines and chosen lifestyles. When more complex decisions needed making best interest meetings were arranged. Records confirmed that one person had a best interests meeting. The best interests meeting had included all the relevant people who were involved in the person's health and social care and had concluded in a decision being made in the person's best interest. This meant the service was acting accordingly to safeguard the person from care that was inappropriate.

All staff had received training in the safeguarding adults. All of the staff we spoke with understood what constituted abuse. Staff told us that if they suspected abuse they would report it to the manager. The registered manager showed us satisfactory evidence of safeguarding referrals made to the local authority following incidents of suspected abuse.

Risks to people were appropriately assessed, managed and reviewed. We looked at three people's care records and risk assessments. The risk assessments supported people to be as independent as possible, and to take appropriate risks to complete their chosen activity. We saw that staff followed the risk assessments to ensure that care was delivered in a safe way. For example when people went out into the local community they were supported by staff if the risk assessment stated that there was a risk to the person if they were to go alone.

Staff rotas and our observations confirmed that there were sufficient staff to meet the needs of people who used the service safely. People received care in a timely manner. The manager told us that they were in the process of recruiting more staff to ensure the safe admission of a new person into the service. This meant that the service took into account the needs of people when ensuring safe staffing levels.

Is the service effective?

Our findings

People had access to a range of health and social care professionals. People were supported to attend health appointments such as dentists, doctors and opticians.

One person's care records showed that they had lost a significant amount of weight. We saw that staff had supported this person to visit their GP. The GP had made several referrals to other agencies and the weight loss was being investigated.

On the day of our inspection a district nurse visited to administer medication to one person who required intravenous medication. Staff later supported this person to attend a hospital appointment.

The manager completed pre-admission assessments before agreeing to offer people a service. We saw that staff communicated with other professionals during the admission process to ensure that all the relevant information was available to them. This meant that the service would be able to care for the person effectively on their admission.

Records showed that all staff had received core training. New staff undertook an induction and completed a work book which covered all the essential areas of good practice. This included safeguarding, infection control and moving

and handling. Some staff had worked at Highfield Hall for several years. Staff we spoke with were knowledgeable about the people they cared for. This provided a continuity of care.

Staff we spoke with told us that they had regular support and supervision with a senior team member, where they were able to discuss the need for any extra training and their personal development.

Individual care records we looked at were clear and comprehensive and they gave staff all the relevant information they needed to care for the person effectively. Each person had a health care plan which identified any specific health needs they may have such as epilepsy. We saw that regular monitoring of people's health needs were undertaken to ensure any changes to the person's health was noted and acted upon.

Daily handovers took place at the beginning of every shift. Staff discussed issues and any changes to people's plan of care.

During the inspection we saw that people were supported to eat and drink. Jugs of water and tea and coffee were on offer throughout the day. The manager told us that no one was on a specialised diet. In one person's care record we saw that they required their food to be cut up into small pieces to prevent them from choking. We observed at lunchtime that this person's food was cut up into bite size pieces as the care plan stated.

Is the service caring?

Our findings

We spoke with several people who used the service and asked them if they were happy at Highfield Hall. One person said: “It’s lovely”, another said: “Very nice”. We observed that people looked well cared for.

Relatives we spoke with told us that staff were kind and caring. One relative told us: “They are good and friendly staff”. Two relatives told us that when their relative was returning back to Highfield Hall following a visit, they were happy to do so.

We observed that staff interacted with people in a kind and caring manner. People were freely coming and going within their unit and the grounds of the building. Choices of activities were on offer and people got involved or not as they wished. Two people showed us their bedrooms and how they had personalised them to their individual style.

There was a friendly, relaxed atmosphere throughout the service. Staff chatted with people and people were comfortable around them. Staff we spoke to were interested in people and ensured they were occupied and happy. We asked staff about people’s individual needs and preferences and found they had a good understanding about each person’s care needs.

We saw that people who used the service were supported to maintain relationships with others. People’s relatives told us they were able to visit the service at any time. Staff also supported people to visit their family at home by supporting them with transport.

Regular meetings for people who used the service took place. Minutes showed that people were actively encouraged to share ideas of what they would like to do or change at Highfield Hall. We saw that it had been discussed that one unit wished to go on a holiday. We spoke to the people in the unit and they told us that the holiday had been planned and booked for August.

Care records had been reviewed regularly by the person’s key worker. Some people we spoke with told us they knew who their keyworker was and how they supported them to purchase and do the things they wanted. One person told us they had been and brought a new TV, camera and pair of slippers with the support of their keyworker. They told us: “Camera and slippers are for my holiday to Weymouth”.

During our inspection we saw that staff knocked on people’s doors and waited before entering and interacted with people at a level and pace they understood.

Care records had been personalised and recorded people’s goals and aspirations and people’s individual likes and dislikes had been recorded. This enabled staff to be able to treat the person as an individual and respect their preferences.

Is the service responsive?

Our findings

At our previous inspection we had concerns that not everyone always had a choice of food. People with communication difficulties were not offered a choice. At this inspection we saw that the service had taken photographs of all the meals and these were meant to be displayed on a notice board. On the day of the inspection the photographs on the board did not reflect the meal choices of the day. A member of staff told us that it had been forgotten. At lunchtime we did not see staff offer people choices, their meal was put on the table in front of them without any explanation as to what it was. It was obvious that staff knew the people well and knew their likes and dislikes but we discussed this with the manager who told us that they were still encouraging staff to offer choices and this had possibly been completed earlier in the day but could not be sure.

We observed that six people who lived in one area were all waiting for everyone to get up before having their breakfast. People were not asked if they wanted to wait or have breakfast before the others were at the table. We saw that these people had the ability to be able to be involved in making their own breakfast with minimal staff support. This meant that people were not being encouraged to be as independent as they were able to be. This meant that there was continued breach of Regulation 17 of The Health and Social Care Act 2008 (Respecting and involving service users).

In another area of the service we saw that people who had capacity to make choices had chosen what they wanted for breakfast and lunch. Some people had jam on toast, others cereal. Two people we spoke to told us that they could choose what they wanted to eat. One person told us: "I like jam on my crumpets". Later we observed that this person had their requested lunch.

Two of the six people told us they were all going on holiday together. We were unable to ascertain whether these people wanted to go all together but they were clearly happy to be going on holiday. The manager told us that because of the lack of resources they had to arrange group events to ensure everyone had access the activities in the community.

The complaints procedure was visible on a board in the main hall. It was also available in an easy read format

within people's care files. Relatives we spoke to told us if they had any concerns that they would speak to the manager. One relative told us that they had a good relationship with their son's keyworker and they spoke often. They told us if they had any concerns they were sure that they could speak to them and it would be addressed.

We saw that staff and the manager responded to people's needs throughout our inspection. One person had requested a bath from a particular member of staff who was unavailable to assist them on that day. We observed the manager discussing why the staff member was unavailable and how the situation could be resolved through a compromise. The person was happy with the outcome of the conversation. Another person kept coming to the office to speak to the manager, we observed that the manager was able to respond to them in a way that they understood and that met their requests at the time.

The provider had an activities centre on site and people were free to come and go to the centre as they wished. There was a large range of activities on offer including: a walking group, computer use, and a music and sensory room. Some people just chose to pop in for a chat and a coffee. The centre was staffed by designated activity staff that knew people well and was able to offer them opportunities dependent on their individual preferences. Opportunities to access the community were also available when staffing allowed. One person attended college, there were visits to the pub and other people did the weekly shop on a rota basis.

Staff knew the people who used the service well. Some staff had worked at Highfield Hall for many years. Staff we spoke with were able to tell us how they communicated with people in their individual style. Observations showed that people knew the staff and found them approachable.

A health professional told us: "The manager is always very helpful and friendly. They know the residents really well and respond appropriately when I ask them for information or to follow up actions".

The manager told us that the one person who was waiting to come to the service had chosen the colour of the paint for the walls of their bedrooms. We saw some photographs and personal belongings had been put in their room to

Is the service responsive?

support them in becoming familiar with the environment. The manager told us that they wanted to ensure the transition from one environment to another was as smooth as possible for the person.

Another person had recently been admitted into the service. The staff demonstrated they had bought a special

shampoo to meet the person's cultural needs in respect to their hair care. We observed discussions between staff as to how to best support this person with meeting their cultural needs in relation to their hair care. This meant that the service was responsive to this person's cultural needs in relation to their hair care.

Is the service well-led?

Our findings

The service had a registered manager in place. At our previous inspection in September 2013 we had concerns that people were not always respected and their care needs not always met. We saw minutes of a staff meeting following the inspection which showed how they planned to improve the service. An action plan had been put in place and we saw that progress towards the improvements had been made but further improvements were necessary to ensure people's individual preferences were met.

Most staff we spoke with told us that they felt supported by the manager and that they were approachable. The manager told us that they had made some changes within the service following our previous inspection and some staff had been unhappy about them. They told us they were managing and supporting the staff through the period of change.

Regular staff support and supervisions took place every eight weeks. Staff had opportunities to contribute to the running of the service through regular staff meetings.

We were told by the registered manager that they had recently conducted the annual quality survey which was sent to relatives of people who used the service and a report was yet to be written, they told us that an improvement plan would be then be developed and look at ways of improving the service in the coming year.

Records we looked at showed that CQC had received all the required notifications in a timely way. We saw that audits had been completed on things such as: medication, fire and health and safety. We saw that when actions had been identified this was followed up to ensure that action had been taken.

We saw a local authority inspection report for 2013 which showed that the manager had made the required improvements following their initial quality monitoring visit. This meant the service was working towards improving the service for people but it required further improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person must provide appropriate opportunities, encouragement and support to service users in relation to their autonomy, independence and community involvement